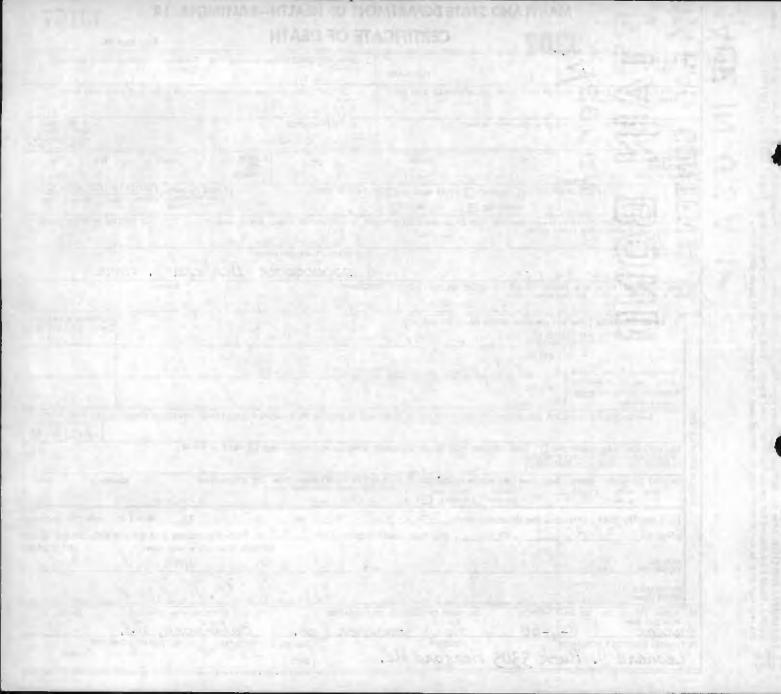
92117	GERTINIO,		Reg. Dis	t. No.
1) PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where decer a. STATE Mary land	b. COUNTY Hari	e before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rparate limits, write RURAL and g	ve nearest lawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	t address)	Tedeval Hill (load	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Gertrude	Margant Mar	y Albers 4. DAY	1	Day Year 1 1966
female white wipon	WED DIVORCED	B. DATE OF BIRTH AUGUST 9, 1886	last birthday) Manths yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done 10 during most af warking life, even if retired)	, KIND OF BUSINESS OR INDU	maryland	n country) 12. CITI.	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Contad Kohles		14. MOTHER'S MAIDEN NAME	Barbara J. He	ahn
(Yes no, or unknown) (II yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. 1	hormant Laughter - Marc	Address To	irrettsville M
18. CAUSE OF DEATH [Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	ereprovascula pertaus e Arter	L'Accident C	throuberes) Veular Dicean	ONSET AND DEATH SCHOUS
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER;				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	MO IN INTO	D. (Enter nature of injury in Part I or	Part II of item 18.)	
ZOc. TIME OF INJURY Manth, Day, Year 20d, Hour a. m. M. Whi at w	s Nat while to	ACE OF INJURY (Home, form, 20). (clary, street, affice bldg., etc.)	City or lown) (C	aunty) (State)
21. I certify that I attended the deceded alive an 27 August , 19 ACTUAL SIGNATURE AME F. Color PHYSICIAN'S Tames F. (sed from 23 May 60, and that death Spr White Ir (11)	accurred at 9:30AM, fi	ram the causes and an the (Street, city or town, state) The Maryland The Maryland	ast saw the deceased e date stated above DATE SIGNED
220. BURIAL CREMATION, 226. DATE THEREOF BURIAL Specify 8-4-60	Holy Rede		CATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE (Leonard J. Ruck 5305	Harford Rd.	240. REC'D BY REC DATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending invisional property of FUNERAL DIRECTOR: After this certificate mas been signed by the attending physician and completely filled may be funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT. IO DEPUIY MEDICAL EXAMINER: Retificate should be executed within 24 hours after death. If at lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the Inverted director. Page 4 should be forwarded to the Chief Medical Examiner's Office slong with form FM2. Page 5 may be retained for your files. IO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File-page(1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

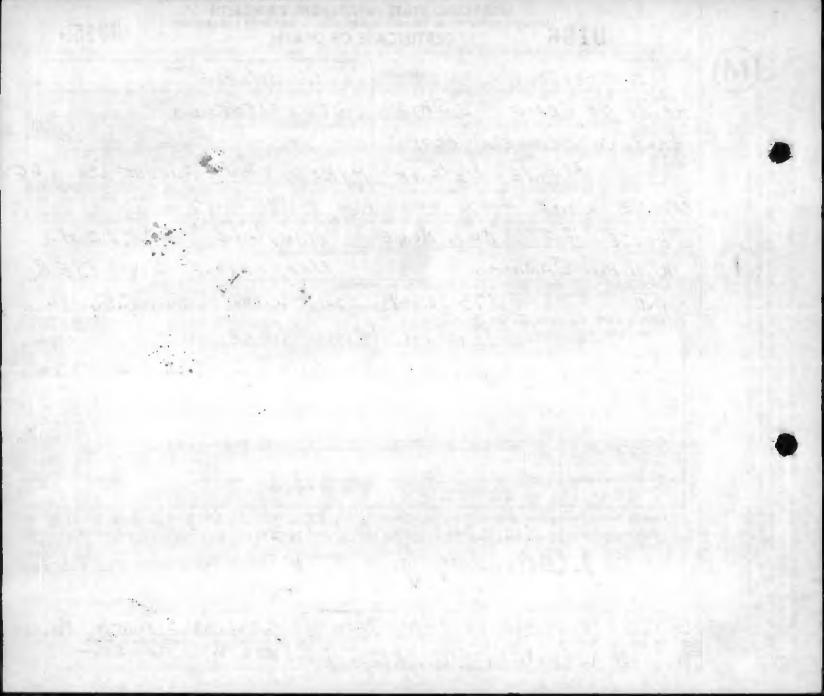
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	9208 MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	09158
1.	PLACE OF DEATH		1		nstitution: Residence before admission)
	Haynel	MARYLAND	e. STATE	b. COUNT	Herhard
	b. CITY OR TOWN (if outside forporete limits, write RURAL and give needed town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, write	RURAL and give naarest town)
	d. NAME OF HOSPITAL OF INSTITUTION (if not in h	ospital, give straet address)	d. STREET ADDRESS	ng don	. IS RESIDENCE
	Other Porine Road	1	1		YES NO 17
3.	NAME OF DECEASED REPORT OSOF	hine As		DATE Month OF DEATH A Myn	ex 2 19 60
5.	SEX COLOR OR RACE 7. MARR	HED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years lest birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOW	VED DIVORCED	Oct.25,1922	37 уп.	Months Days Hours Min.
	la. USUAL OCCUPATION (Giva kind of work ona during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF WHAT COUNTRY?
		ircraft	Maryland		U.S.A.,
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Virgil T. Steyer	8 Y 70 (18 8)	Nellie Gri	mm	
	as, no, or unknwn) (Ifyasgiva warordatasofservice)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	no l		Villiam Anderson	n Abingo	don, Maryland.
	18. CAUSE OF DEATH Enter only one cause per	line for (a), (b), and (c).]	4	***	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	SW Chy			
	DUE TO	11.2.			
	Conditions, if enyl which (b)				
	gave rise to immediate cause (e), stating the undarlying DUE TO				
	cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
RIFFE	PRIMARY PT or CONTRIBUTING	TRIBE HOW INJURY OCCURED.	Enter nature of Injury in Pert I or	Pert II of item 18.)	
	CAUSE OF DEATH.	At self wil	2 ryce		
S S	20c. TIME OF INJURY Month, Day, Year 20d	0	CE OF INJURY (Home, ferm, 2 pory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
MED	5 p.m. 8 19 et w		-one 1	torngoon	Marford my
	21. I certify that I took charge of the re	mains described above, he	ald an Autopsy . Insp	ection . Inquiry	and in my opinion
	death resulted from: Natural causes	, Accident , Suic	ide 📈. Homicide 🔲.	Undetermined ma	nner
	4. 110	9-0-	CHIEF MEDICAL EXAM	INSR D S- 9	-60
	ACTUAL SIGNATURE	armer	M.D. ASSISTANT MEDICAL	EXAMINER	DATE SIGNED
	EXAMINER'S G PYALD C	Palmer-	DEPUTY MEDICAL EXA	1	Seltin my
22	e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d	LOCATION (City, town,	or country) (State)
		Leighton Funer	The second secon		tt, Maryland.
23	FUNERAL DIRECTOR	ADDRES5		REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
1	yruaya / me army	Abingdon, N	Maryland DATE AUG!	5 '60 an	thuy S. Kraus

4 7 6 sagrada e dita seculos de sucre de and the state of t A CALLERY A CHARLES AND A CONTRACTOR OF THE PARTY AND A CONTRACTOR

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	13,
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1. PLACE OF DEATH O. COUNTY HAR FORD	MARYLAND	2. USUAL RESIDENCE (Where o. STATE PEnnsy	deceased lived. If institution: Resident	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write c, RURAL and give nearest tawn)	LENGTH OF STAY IN 16	-1	ide corporate limits, write RURAL and s	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street adder OR INSTITUTION HARFORD MEmoRial	HOSP.	d. STREET ADDRESS	>5X-	e. IS RESIDENCE ON A PARM? YES NO
3. NAME OF DECEASED (Type or print) MAUDE N	Middle IElindA	AYRES 4	OF DEATH August	Day Year 6
FEMALE WhitE WIDOWED	DIVORCED [B. DATE OF BIRTH AUG 7, 1882	9. AGE (In years lost birthday) yrs. HEUNDER Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, eyen if retired) HOUSEWIEE OU	OF BUSINESS OR INDUS	MARYI	and y	1.5.A.
William CARMAN	90	14. MOTHER'S MAIDEN NAM	LARRIE SN	YDER
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	3-32-6148 m	is Ishik me	cleary Stewarts	Them Pa
PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	or (o), (b), and (c). I rebral I	tenserha	ge_ cardiorusula diran	interval Between onset and Death Suga
cause (a), stating the under-				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	l disease condition given in Par	T I(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	D. (Enter nature of injury in Par	t I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJUI Hour a. m. While at wark	_ Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) (0	County) (State
21. I certify that (1) (this haspital) attended saw the deceased alive an	1.	July 28 1961 leath accurred at 2M	o, to Clay 2, 196, from the causes and an the	
220. SIGNATURE J. Plank	cetty fr.		STAFF PHYS.	8-2-60
NAME (Type)	• /	22d. ADDRESS		
230. BURIAL, CREMATION. 23b. DATE THEREOF Bremoval Specify 8-4-1960	3c. NAME OF CEMETERY O	R CREMATORY 23 TOW N 5	Id. LOCATION (City, town, or county) TEWARTSTOWIY, YORK	(co, Pri
Tenelle W Orshire	Stewarteta	ure Pa DATE AUC	sy registrar's sign of the Callum 2	



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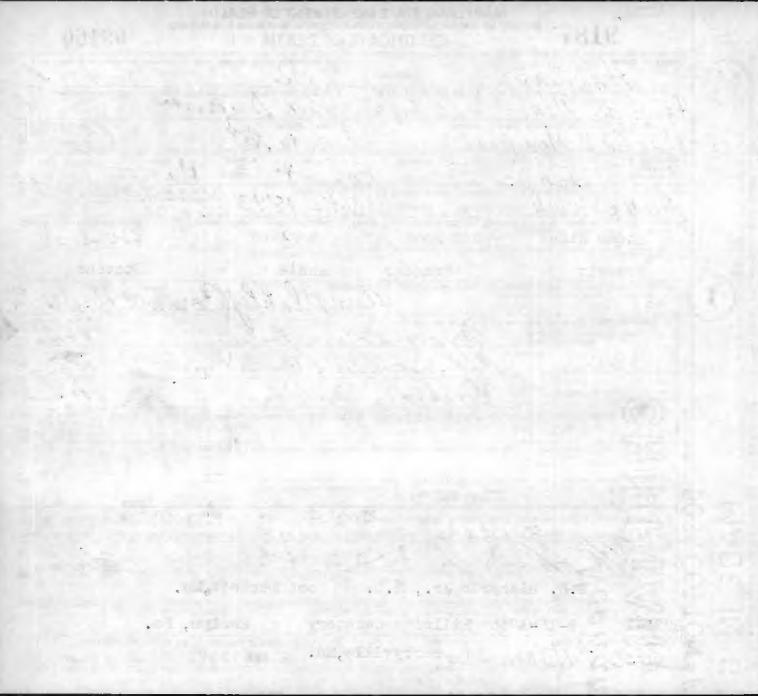
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09160

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
)	1	CITY OR TOWN Ilf autide carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give georest tawg) AURE DE LIRACE 20 AGS.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
9	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ARE OR A. MEMORIAL	RAPORTS APT OXX- VES NO DE
		NAME OF DECEASED First Middle (Type or print)	BENNETT 4. DAYE DEATH AUGUST 10 1960
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH OLT 4, 1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Which is the state of
	190	during most of working life eyen if retired) Own Home	England Or.S.A.
	13,	Father's Name Francis Tregear	Annie Stevens
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In o. or unknown) [If yes, give wor or doles of services]	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CAL CERTIFICATIO	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Hame, form, 20f. (City or lawn) (Caunty) (State)
	MEDICAL	Haur a. m. While Nat while for at wark at wark	ctary, street, affice bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased framsow the deceased alive and sufficient 10. 19 60, and that a 22a. SIGNOTORE	death accurred at 1.5 P.M., fram the causes and on the date stated abave. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	230	3. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF HILLSIDE CO.	
		FUNERAL DIRECTOR'S SIGNATURY SU CO, Patthamy Son Perryvi	Lie, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MG 12'60 Chilma S. Krana

the attending physician and completely filled and 2 shauld be filed with Then please remove carban popers. Pages 1 and 2 shauld be filed with e law requires that the death certificate Le mxmcuted within 21 hours ofter death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/S9

TO HOSPITAL OR ATTENDING PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09161

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

PERFORMED?

(Stote)

(I) (we) last

22b DATE SIGNED

(Stote)

Doys

(County)

Months

IS RESIDENCE

ON A FARM YES NO

directar, with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed o. STATE b. COUNTY MARYLAND era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town the fune d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF DATE Filled DECEASED DEATH Page (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In campletely after DIVORCED WIDOWED K YES. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) DULS during most of working life, even if retired) HOUSEW; pup carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physician within EOICA remove 17. INFORMANT 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ren! attending AVIRE DE CRACE please 18. CAUSE OF DEATH Enter only one cause per line top (g) (b), gnd_(c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** by permit. Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost burial-transit been D CERTIFICATION PART II. OTHER SIGNIFICANT CONDIT NOT RELATED TO GIVEN IN PART 1(0) 19. WAS AUTOPSY cramation, has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) After this certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 buri 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED use to b Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. detached far 21. I certify that (I) (this haspital) attended the deceased fram. PUNERAL DIRECTOR: A PUNERAL DIRECTOR: A Dage 3 shauld be detach saw the deceased alive an and that death accurred at // M, fram the causes and an the date stated above. 22o. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d_LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY page the REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY DATE AUG 2 3 '60

within 24 by the haspital ar attend

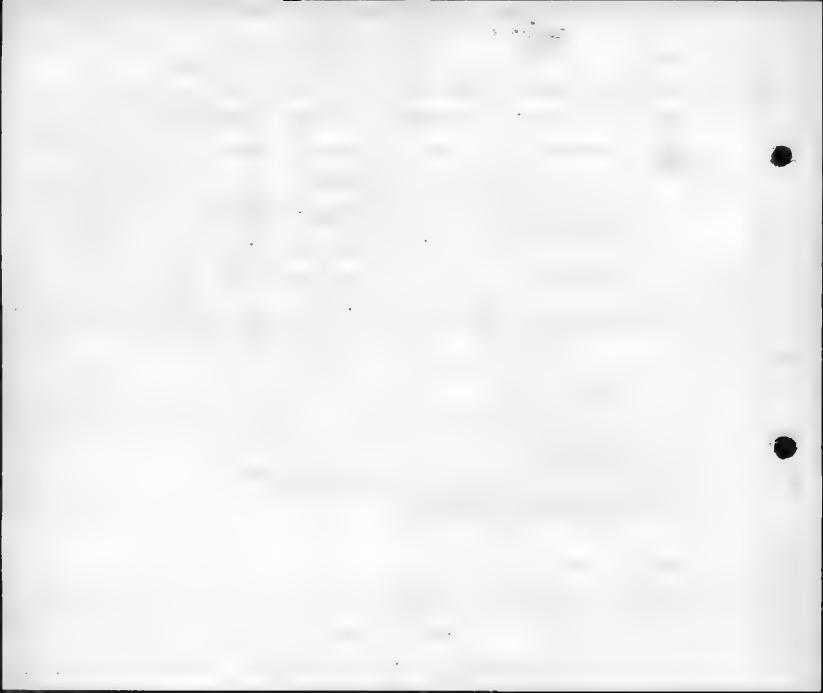
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1, 1 BLEST CONTRACTOR OF THE PARTY O William Control of the Control of th The state of the s AND A SECOND POLICE TO A SECOND the contract of the contract o

. 3		9209 CERTIFICATE OF DEATH () Reg. Dist.	9162 No.
1	9	PLACE OF DEATH COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE of COUNTY Harford	,
	R	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL Pylesville 13 years Rural Pylesville	re nearest town)
- war	ľ	d. NAME OF HOSPITAL (H nat in hospital, give street oddress) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO 🔯
		NAME OF DECEASED Month OF DECEASED WALTER. CAMPBELL AND AUG.	Day Year 24 19 60
	5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In year) IF UNDER 1	YEAR IF UNDER 24 HRS ays Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if relired)	EN OF WHAT COUNTR
	13.	FATHER'S NAME Levi Campbelà Elizabeth Amos	~~~
	15. '	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address The or unknown] (II yes, give wor or dates of service)	esville M
		18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MC ta state Carcinoma.	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last. DUE TO DUE TO CARCIN'OWA (c)	6 mos.
1	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(0) 19 WAS AUTOPSY PERFORMED? YES NO
	Ū	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m While Not while of work of work of work of work of work of work.	unty) (State)
		21. I certify that I attended the deceased fram THNE, 19.58, to 24A-4, 1960, that I la alive an 23 Aug., 1960, and that death occurred at 12'90 M, from the causes and an the ADDRESS (Street, city or town, state)	st saw the decease date stated above DATE SIGN
The same of		PHYSICIAN'S NAME (Type)	d
		BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial 8/26/1960 William Watters Cooptown Ma	(Stote)
	4	1 16 K + Devitt ill and	EANLA .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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9189

ì	
	PLACE OF DEATH o. COUNTY ARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odm ssion) o. STATE MARYLAND
Ì	b C-TY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAURE OF MOSPITAL (If for Jun pospital, give street oddress) / d STREET ADDRESS / e IS RESIDENCE
	HARITED MEMORIAL HOSPITAL - NORTH EAST Rd. YES NOW
	3 NAME OF DECEASED (Type or print) James Thomas CARPENTER DEATH AUGUST 4 1960
l	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (in year) MONTHS Days Hours Min WIDOWED DIVORCED WIDOWED WIDOWED
	100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Ì	13 FATHER'S NAME
	Kenneth CARPENTER Kebessa Den Jamin
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (16 yes, give wor or dates of Larvice) Neneth Carpenter North East,
ľ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c)] INTERVAL BETWEEN ONSES AND DEATH
l	PART I DEATH WAS CAUSED BY MC L. X. C (-/3 2 enda / lepha. X. S YShin
I	£ DUE TO
l	Conditions, if any, which by gover'se to immediate (b)
	lying course ost. (c) Rheumatic Heart Diseases Carjestive failure
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o m. While Not while of work of
ļ	21 1 certify that (1) (this haspyal) attended the deceased from 50/5 15 1960, ta AUG 4 1960, that (1) (we) las
ı	saw the deceased alive an 1960, and that death accurred at 30 M, from the causes and an the date stated above
	220 SIGNATURE M.D. ATTENDING STAFF PHYS. STAFF PHYS. STAFF PHYS. 22b. DATE STGNEI STAFF PHYS. ATTENDING PHYS.
	22c Phys Elan's NAME (Typer) H. Richards Jr. Port Deposit md.
ĺ	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY (23d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 8-7-1960 Hopewell (em. (Near) Port)eposit md.
	24 FUNERAL DIRECTOR'S S GNATURE ADDRESS ADDRES
ш	1 T D F D D D D D D D D D D D D D D D D D

may be retained by the haspital or attend. Invision.

TO FUNERAL DIRECTER: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, where 2 hours after death. plaw requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN

VR A15 (4) 15M 9/59



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	ysician	DA COL	P. Link
	ing ph	se rem	event,
	attend	n plea	in any
	by the	it. The	of Health prior to burial, cremation, ar remaval, and in any event, within 22 hours after death.
	signed	permi	гетах
ysician	been	I-transil	юп, аг
Î	ote has	buriol	cremat
offeno	erl fice	as the	vrial,
ital or	r this c	ar use	or to b
e hasp	: After	sched f	Ith pri
by th	CTOR	e detc	of Hed
	by the haspital or attend	by the haspital ar attend hysician. CTOR: After this cert ficate has been signed by the attending physician and campletely filled this yet funeral director,	by the haspital ar attend the function. CTOR: After this centricate the functor director, control of the function of the filed with a detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with

o FUNERAL DIRECTORS DOGS 3 should be the State Board of

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND by CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWNAIT outside corporale limits, write RURAL and give nearest town) FURAL and give nearest the wa 20 C.L lava d. 7900 e. IS RESIDENCE d NAME OF HOSP TAW (If into in hospital give street address ON A FARM? OR INSTITUTION YES NO Emorel NAME OF 4. DATE Year Day DECEASED (Type or print) don DEATH 5 SEX 7- MARRIED NEVER MARRIED 2 AGE (In years) IF UNDER 1 YEAR JE UNDER 24 HRS. 6 COLOR OR RACE B. DAPE OF BIRTH AZ 1st birthday Months Days Hours WIDOWED [DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b. KLND OF BUSINESS OR INDUSTRY 12 BIRTHPLACE 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME IN 14. MOTHER'S MAIDEN NAME L. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT adams Havre de Grave 110 18 CAUSE OF DEATH [Enter only one couse per Title for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. VIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (LAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE AOW INJURY/OCCURRED, (Enter noture of in any in Part I or Part I of item 18) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office-blog., etc.) Hour o.m While Net while p. 1h. of work of work 21 I certify that (1) (this haspital) attended/the deceased from HZCS Z/2, 19.00 that (I) (we)-last The 19 60 and that death occurred at 2 M, from the causes and on the date stated above. saw the deceased alive an. 220. SIGNATURE IGNED M D PHYS. MED DIRECTOR STAFF PHYS. 22c PHYSICIAN'S 22d ADDRES NAME (Type) BUR AL CREMATION, 23b. 23d LOGATIK 23c NAMP OF CEMETERY OR ENGYAL (Specify) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEG 1 6 '60 Cithur & Kraue

VR A15 (4) 15M 9/59

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VS A15 (4) 15M 10/S7

MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
9210	CERTIFICATE	OF	DEATH		Ren.

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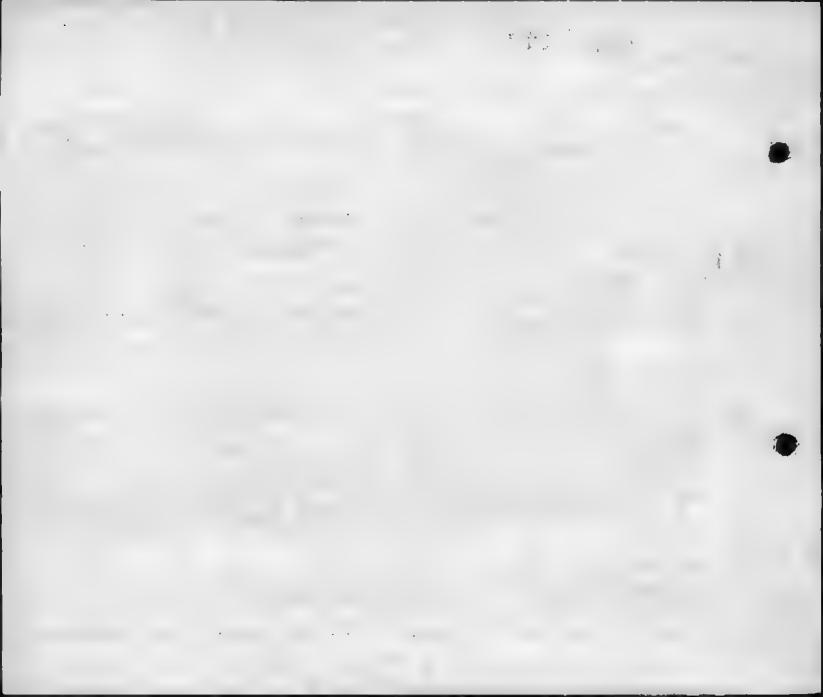
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	2 USUAL RESIDENCE (WHO STATE		b COUNTY		
	L. ICMOTH DECTAVIDADA	Maryland			rford	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CIT OR TOWN (II o	nisige corporate	limits, write RURAL and g	pive nearest fown)	
Route # 1, Bel mir	2 yrs.	Bel Air,	Md.			
d NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE	
OR INSTITUTION		1			YES NO PA	
			T			
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year	
(Type or print) Charles		Coper	DEATH .	luguat 28.	1960	
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	DATE OF BIRTH	9 A	GE IIn years IF UNDER	TYEAR IF UNDER 24 HRS	
35 9 999 44 1400044		X017-1118	193 "	yes. Months	Days Hours Min	
10a USUAL OCCUPATION (Give kind of work done 10b.		STONALL DIBLIDANCE ISLAM	as foreign countr		ZEN OF WHAT COUNTRY?	
during most of working life, even if retired)	A NO BUSHIESS ON HIGO	STREET BIRTHEACE (SIDIE	Of toreign count	67	ZEN OF WHA! COUNTRIL	
Farming	Clay	AN I RMA	0-185	66	U.S.A.	
13 FATHER'S NAME	/	14 MOTHER'S MAJOEN N	IAME	1 1		
HATTELYNT CI	Trner	1/11 11 11	1071	MI KIO	1-1-60	
18 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 1	NFORMANT	10/	1 D Hoders		
(Yes no or unknown) (If yes, give wor or dates of service)	n		wa po	T DENL		
No		nna Cha	Dlu (Monde		
1B. CAUSE OF DEATH [Enter only one couse per 1]	ne for (a), (b), and (c) }		Bel C	The Mild	INTERVAL BETWEEN	
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carebral Thrombosis				7 days		
DUE TO						
				9		
Conditions, if day, which agove rise to immediate	sbral arterios	clarosis				
couse (o), stoting the under-						
	bates Mellitus				15 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY	
I K					PERFORMED?	
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFIC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of inverse in I	Part Lor Port 11 o	futem 18 t	1000	
OR CONTRIBUTING CAUSE OF DEATH	CHOL HOW INSON OCCORRE	D. (Line) Holore of injury in t	I GHT TO TO TO TO	i ileili ib j		
		ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f (City or t	own) (C	ounty) (State)	
Mhile of wor	k Ot work	ciory, sireer, office blogs, etc.	1			
	17	10				
21. I certify that I ottended the deceas						
olive on, 19_	, and that death	occurred ot	M, from th	e causes and an th	ne dote stated abave	
1'00 0 0	41 4		ADDRESS (Street,	city or lown, state)	DATE SIGNED	
SIGNATURE WILLOWS	Budger	M D				

PHYSICIAN'S NAME (Type)						
	Log. Abbut of Clusters					
220 BURIAL GREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	Viv .	ZZG EOCAHON	(City, lown, or county)	(A (Stote)	
(xug 31.16	1 Vact LLV	Memoria	1-16	art wa	Cr 11119	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS . /-	- 1712 / 24a. REC'	D BY REGISTRAR	246. REGISTRAR'S SIG	NATURE	
LATA Bailing	1 azlung le	DATE				
		OHIL.	FP 7 160		44	



~, 1	Item 201 Film 271 -MARYLAND STATE DEPARTMENT OF HEALTH
2	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	9211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09166
HEALTH BEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution, Rasidence before edmyssion as COUNTY I -
age age	MARYLAND O. STATE Mel b. COUNTY Haryand
Page 1	b. CITY OR TOWN (if outside corporate mits, write RURAL and ove nearest town) write RURAL and give nearest town)
er a de la companya d	Belden yyrs., Belden (Creswell)
X Source di	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS ON A FARM?
pe se	RUZ JOHN MIN (N) 2 JOHN TES (NO [
an Stain deal	3. NAME OF First Middle Last 4. DATE Month Day Tael OF
h. If to the ber fter	(Type or print) Eugene (CX DEATH Hugust 50 19 60
deat d 3 d 3 with	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Mn.
ter 3, an 5 m d 2 hou	WIDOWED DIVORCED June 1, 198 3, yrs 100. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR NDUSTRY 11, BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY
rs af	dona during most of working (.fa, aven if ratirad)
Pages Pages Militim	Herdsman Dairy Farm Virginia U.S.A.,
P. P	Tohn Cox Laura Kirby
Porm Form File Posmi	15. WAS DECEASED VER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO 17. INFORMANT Address
d w land 18 fr	(Yas, no, or unkown) (fiyasgivawarordatasofservice) 231-30 5059 Louise M. Cox Bel Air R.D., 40 Md.,
Liter I per	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
exe noling sus	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Incumentic procedure demontage
J bence a ce	5/6 X DUE TO
our O	Conditions, if any, which (b)
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gave rise to immadiate causa (e), stating the undarlying DUE TO
fical min ed a	Cause lest. (c)
d "F	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?. YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.) Auto accident, auto-auto type
wor	YES NO 29 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.)
The the should be al,	PRIMARY OF CONTRIBUTING Auto accident, auto-auto type
fing fing furi	County) (Steta)
A Maring	Hour S-3C19 While Not While Sectory, street, office bldg., atc.) 3cl Au Ha McA
Cafe, Cafe, by the prior	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
A CASE	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
IEDICA file cert rwardsc DIREC	CHIEF MEDICAL EXAM NER BOLLAND ME
To of the state of	SIGNATURE M.D. ASSISTANI MEDICAL EXAMINER DATE SIGNED
PUTY ME execute if and be forw	EXAMINER'S COLL C P. LA CO DEPUTY MEDICAL EXAMINER W S-30-60
SEPUTION OF TONIE IS A desi	NAME (Type) NAME (Type) Address (Street, city, lown, or country) 22s. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
H & WHY -	REMOVAL (Spacify)
Öğ40 p	Rem va. Aug. 31, 1964 Vaughan Guynn F.H., Galax, Grayson Co., Virginia.
VS. A15ME 5M 7/S9	Celes & Mill Franch hingdon Md
om 2737	Howard A William X Rollington, Plats of 2 160 Out of K



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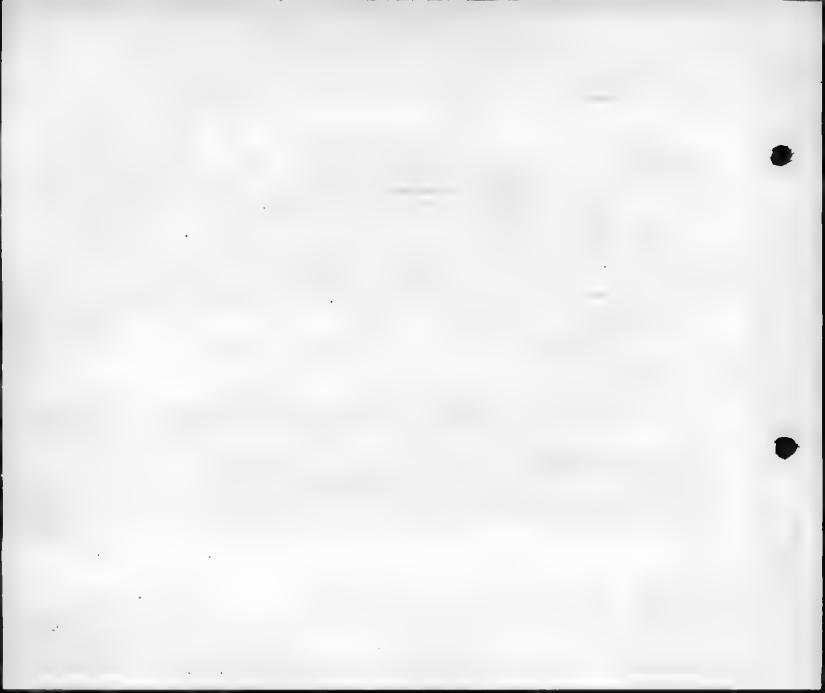
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9185 CERTIFICATE OF DEATH

Reg. Dist. No.

09167

		LACE OF DEATH LOUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND b COUNTY HARFORD	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BELAIR 4 YRS		c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) BEL AIR	
		OR INSTITUTION HOME OF TJOHN STS,	WALLACE + John Sts. e is residence on a farm? YES \(\text{NORMS} \)	
	- 1	NAME OF First First Middle S. Type or print) KATHARINE S.	DAIGER 4. DATE OF DEATH AUGUST 18 1960	
	5. 5	F. W. WISOMED DIVORCED	8. DATE OF BIRTH April 22, 1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
	1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Charity Funds	Baltimore, Maryland U.S.A.	
	13.	William A. Boblitz	SArAh H. HAll	
	Yes	no or unknown) . Iff you came may be challened serviced	John A. Daiger TSEI ATT MATTER	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY A POPLEXY IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH LESS THAN I HR	
		Conditions, if any, which gave rise to immediate (b). ARTERIOSC	LEROSIS 3 YRS	
		lying couse last. DIABETES Co. DIABETES		
	CERTIFICATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PLEURISY, LEFT STARTED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE	
		200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL		ACE OF INJURY (Mome, form, 20f. (City or lown) (County) (State) tory, street, office bidg., etc.)	
		21. I certify that I attended the deceased from Sept alive on 17 AUG 1960, and that death	accurred a M.A. M. fram the causes and an the date stated above.	
		ACTUAL A TAI P Selecte 00 M	ADDRESS (Street, city or towns store) ADDRESS (Street, city or towns store) DATE SIGNED 18 AUGUST	
		PHYSICIAN'S H.P. SIDWELL M.D.	HOI FRANKLIN ST BEL AIR, MD.	
		BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CHAPTERY OF CHAP		
4	23 (Joseph W. Foster TOET Afr. Manylord	240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE DATE AUG 2 2 '60	



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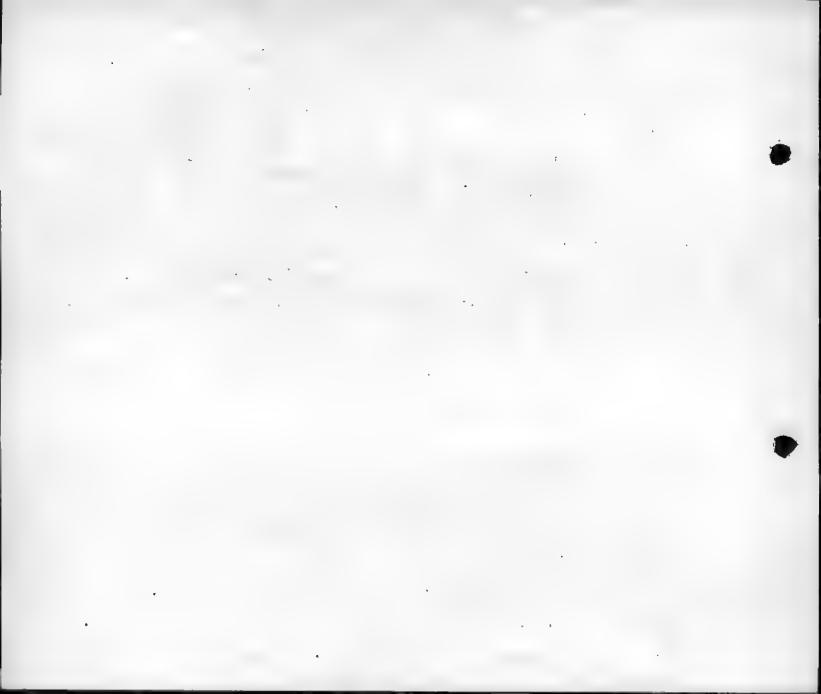
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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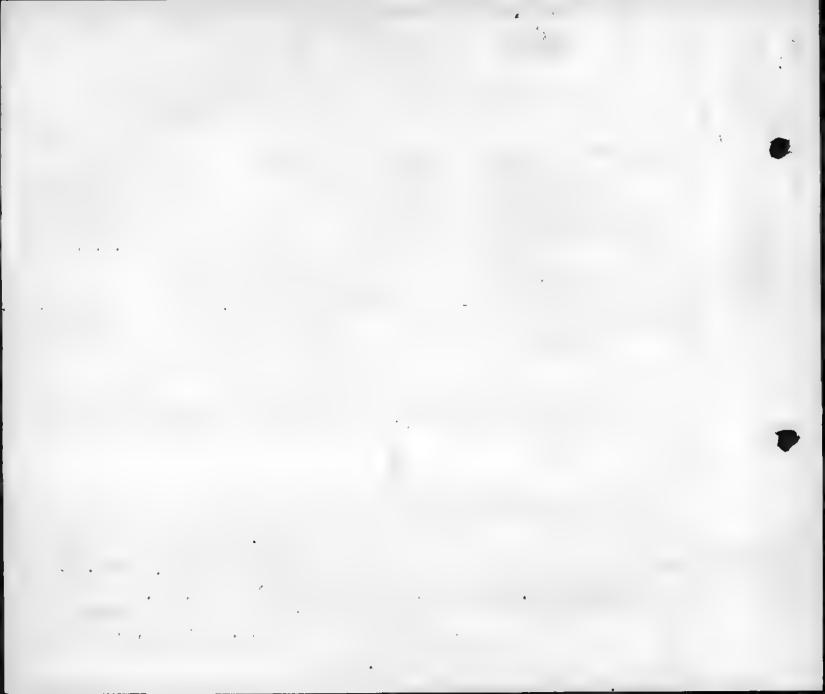
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100	1 PLACE OF DEATH	2. USUAL RESIDENCE (Whose deceased lived. If institution- Residence before admission)
	o COUNTY Clarlord MARYLAND	a. STATE M. b. COUNTY Cecil
	b. CITY OR TOWN (If purside corporate imits, write c LENGTH OF STAY IN 16 PORAL and give newest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d NAME OF HOSP TAL (If not in hospital, give street address) , OBANST TUTION Wenoreal Hospital	d. STREET ADDRESSMAN STREET ON A FARM? YES NO P
	3 NAME OF DECEASED (Type or print) Cally & H Middle	i Lovanni Death aug. 3 Day Year 1960
	S. SEX 6. COLOR OR RACED 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 27, 1916 9. AGE (In yars of UNDER 1 YEAR IF UNDER 24 HRS (out birthday) 43 yrs FUNDER 1 YEAR IF UNDER 24 HRS Min.
	100 USUAL OCCUPATION (G ve kind of work done lob. KIND OF BUSINESS OR INDUSTRIES OF WORKING life, even if relived) Tavern Keepe	
	13 FATHERS NAME Di Georgia	14. MOTHER'S MAIDEN NAME Sablone
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN 1995, Or or unknown; 16 yes, give wor or deless of services; 128-05-8319	Enn Di Shovanni (wife) same
	18 CAUSE OF DEATH [Enter anly one couse per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. Conditions, if any, which (b) DUE TO DUE TO CC CC	freger plvis & gro.
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Port I or Port II of item 18)
		ACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (State) tary, street, affice bldg., etc.)
	21 I certify that (I) (this hospital) attended the deceased framsow the deceased alive on 500 and that a	leath occurred over 19, from the causes and on the date stated above.
		ATTENDING MED STAFF SIGNED 22b DATE SIGNED 22c DATE SIGNED 22d ADDRESS
	Villiam K. Brendle	Havre De Grace, Md.
	Property Aug. 6,1960 23c Name of Cemetery of Aug. 6,1960 Mt Erin C	emetery Havre De Grace, Md. Rural
-	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS PETTYVII	.le, Md. DATE AUG 5 '60 256 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 091699212 CERTIFICATE OF DEATH Rea. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY B. STATE **b.** COUNTY Hafford MARYLAND Marvland Har for d deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) ploods Rural Perryman Rumal Perryman. d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 133 YES NO X 3. NAME OF 4. DATE First Middle Year DECEASED DORSEY (Type or print) ATJEN ARLINGTON DEATH August 30 19 within 9 AGE (in years lost birthday)
21 yrs. 6. COLOR OR RACE 7 MARRIED K NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months DIVORCED [*] 1879 Male Colored widowed August 18 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Railroad Trackman (Het Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Fannie Wilson Allen R. Dorsev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Lillie R. Dorsey, Box 133, Perryman, No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0). DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110). 19 WAS AUTOPS PERFORMED? YES T NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or lown) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. 8/30 , 1960 that I last saw the deceased 21. I certify that I attended the deceased from ____ 6 13 1960,10 ... and that death accurred at 3:30 PM, from the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, stole) ACTUAL Sept. Revolution St. SIGNATURE onld PHYSICIAN'S Stansbury M.D. Harre de Grace. Md. George NAME [Type] 220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) eBod Purial Mt. Calvary Cemetery R.D. Aberdeen, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE Tarringorssuneral Home 24a REC'D BY REGISTRAR VS A15 (4) Circling S. Through Aberdeen, Md. DATESEP 6 '60 15M 10/57 John Tarrigo





09171 CERTIFICATE OF DEATH With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed /COJNTY **b** COUNTY MARYLAND ARFO Harford Maryland funeral uld be fi CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 ACCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest toping Bel Air dE d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 330 South NAME OF 4. DATE Middle Last Manth Year DECEASED ages (Type or print); DEATH 1960 9 AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS DATE OF BIRTH 5 SEX MARRIED NEVER MARRIED lost bythday) Months Days WIDOWED DIVORCED | papers. 12. CITIZEN OF WHAT COUNTRY? 10g USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY (1 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSEWITE Home 13 FATHER'S NAME 14. MOTHER'S MAINEN NAME Dingee 17. INFORMANT Main St. Address 3 3 () 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. I'ms no or unknown Mrs. John Archer No Bel Air. Md. INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (o), (b), one (c).] ONSET AND DEAD I. DEATH WAS CAUSED BY: ecom IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which permit. gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. **burial-transit** PART 11 OTHER SIGN EICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION OF GIVEN IN PART 1(a 19 WAS AUTOPSY cremation, PERFORMED? YES NO 🛪 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of 'tem 18) ‡ 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c TIME OF INJURY Month. 20d INJURY OCCURRED (County) (State) Doy, Year foctory, street office bldg , etc. Hour o m While Not while at work ot work 21. I certify that (1) (this haspital) attended the deceased fram detached 1960, and that death occurred at 7/2/M, from the causes and on the date stated above saw the deceased alive an FUNERAL DIRECTOR: age 3 shauld be detach 22o SIGNATURE ATTENDING PHYS M D. DIRECTOR PHYS 22c PHYSICIAN NAME (Type 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION (City) (Stole) BUR AL CREMATION tawn, or county) REMOVAL (Specify)
Burial Spesutia Cemetery 6 Perr Marvland yman 25b. REGISTRAR'S SIGNATURE TarriffersFuneral Home 250. REC'D BY REGISTRAR 24 FUNERAL PRECTOR'S SIGNATURE arthur & Known DATE AUG 8 VR A15 (4) Aberdeen, Md. Tarring John G.

filled

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physician

attending

by

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15M 9/59



o. STATE

d. STREET ADDRESS

c. LENGTH OF STAY IN 16

Middle

MARYLAND

Derv

IS RESIDENCE ON A FARM? YES NO K.

Year

1966

Harford

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

G CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

4. DATE OF DEATH

b. COUNTY

Month

1, PLACE OF DEATH

o COUNTY

NAME OF DECEASED

(Type or print)

CITY OR TOWN (If outside corporate limits, write

d NAME OF HOSPITAL (IF not in hospital, give street oddress)
OR INSTITUTION
OF THE AMERICAN OF ICE

Grac

meal

RURAL and give nearest town).

funeral old be fil N and mampletely filled Pages after death carban pllysician remave event, attending (please þ it permit. may be revained by the haspital ar altend hysician.

THENDERME DIRECTOR: After this cert ficate has Meen signed page 3 should be detached for use as the burial-transit permithe State Board of Health prior to burial, cremation, ar remaya

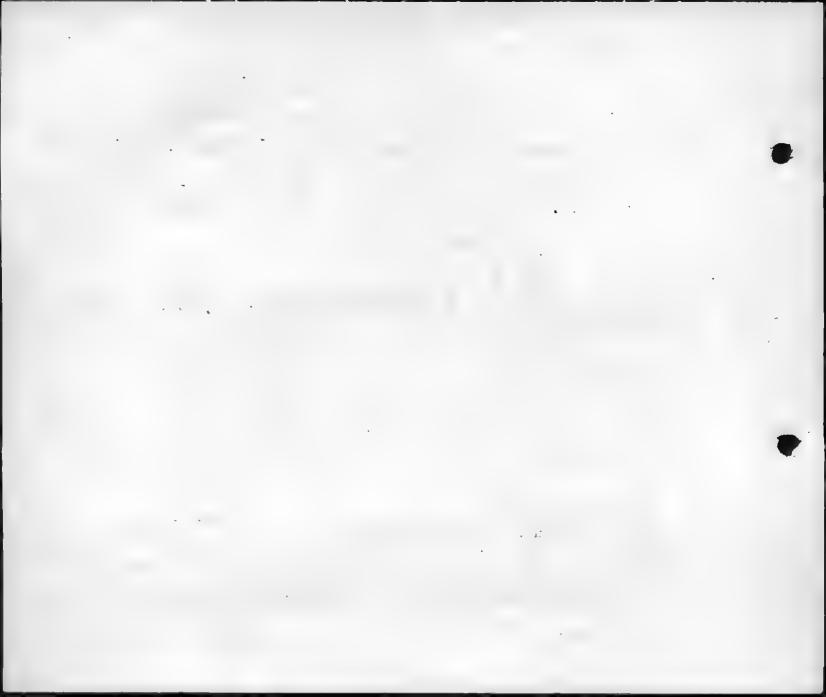
TO HOSPITAL OR ATTENDING PHYSICIAN

	5 - 59X 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS					
	Male WILLE WIDOWED DIVORCED Sept. 22.1895 Cost birthday)	Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)	12. CIT ZEN OF WHAT COUNTRY?					
1	during most of working life, everylf refired) Garage 1. J.	U, S. 0					
1	13. FATHER'S NAME , 14. MOTHER'S MAIDEN NAME ,						
	John GaLLER Tenjanow	n					
•	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or dates of service) 2.7 16-3560 Mair 12 Kelly 2.145. Main	STROLARM					
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).]	INTERVAL RETWEEN					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORON ary Six Carcles	ONSET AND DEATH					
	Conditions, if ony, which) Outlesia Carles de la CVV cs	000 6 yrs					
	gove rise to immediate couse (a), stating the under lying cause last. DUE TO Deakeles Mellices	20 920					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS VEN IN PART TO							
14		YES NO					
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAU						
	20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED Hour o.m. 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg, efc.)	(County) (State)					
	21 I certify that (I) (this hospital) attended the deceased from Aug. 16, 1960, to Aug. 18,	19 60 that /1\ (we) last					
gi ^l	saw the deceased olive on Aug. 18						
	220 SIGNATURE ON ATTENDING . AND STAFF	226 DATE SIGNED					
	220 PHYSIC AN'S	148.17.					
	NAME (Type) J. Ralph Horky Churchville Marylan						
1							
	23a BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, REMOVAL (Specify) Aux. 20.1960 Western Baltimore	or county) (State) Maryland					
	24 UNFRAL D RECTOR'S MONTH ADDRESS 250 REC'D BY REGISTRAR 256 REGI	STRAR'S SIGNATURE					
	Abingdon, Md.	ribur S. Kraus					

executed within 24

requires that the death certificate be

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) p. COUNTY o STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSP TAT (If not in hospital, give street address) IS RESIDENCE d STREET ADDRESS OR INSTITUTION YES NO FE NAME OF DATE DECEASED OF DEATH (Type or print) 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9. AGE (In years COLOR OR RACE MARRIED NEVER MARRIED last birthday) Months Doys WIDOWED [USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1 ORTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? -during most of working life even if ret red) -13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions fony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PAW II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (State) factory, street, office bldg., etc.) Hour p. m While Not while of work at wark p. m. 19 60 that (1) (we) ast 21 1 certify that (1) (this haspital) attended the deceased fram. 19 64, and that death accurred at 342 M. from the causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS. MED. STAFF M.D. DIRECTOR -PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type)

ION (City

250. REC'D 8Y REGISTRAR

256 REGISTRAR'S SIGNATURE

Circher S. Frank

the funerol should t filled Pages death. completely after popers. puo 5 physician гетаме attending detached ray be retained by the h FUNERAL DIRECTOR: A page 3 shauld be detach page 3 the Stot O

director, with

filed v

3

VR A15 (4) 15M 9/59

230 BURIAL CREMATION, 236 DATE THEREOF

UNITRAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)



Reg. Dist. No.

e IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN

PERFORMED? YES NO A

(Stote)

DATE SIGNED

246 REGISTRARS SHOWATHE

240. REC'D BY REGISTRAR

DANUG

6

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o. STATE b COUNTY J MARYLAND b. CITY OR TOWN (If outside comporate limits, write c LENGTH OF STAY IN 16 c. CIDY OR TOWN (If outside corporate limits, write RURAL and give mediest town) RURAL and give nearest lown) (v 1.1 200 d. NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS OR INSTITUTION NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH 5. SEX. GOLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH AGE (In years) OF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoff Months Dovs -DIVORCED-WIDOWED-[7] cample papers. 100 USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (Store or foreign country 12 CITIZEN OF WHAT COUNTRY? death. daying may of working if even if retired) 4 pou. 13. FATHER'S NAME MOJHER'S MAIDEN NAME Carl mave 15 WAS DECEASED EVER ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address edse 1B. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c)] ₽ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. burial-transit TION PART HOTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY OVO 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH ile i (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form. 20f. (City or town) (County) foctory, street, office bldg , etc.) Hour a.m. While. Not white D. III. at work at work 160, that I last saw the deceased 1960. 21. I certify that I attended the deceased fram death occurred at 37. alive an _M{ from the causes and an the date stated above. det ACTUAL þe SIGNATURE strar pr PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b DATE THEREO! 22c NAME OF CEMETERY OF CREMATORY 22d: LOCATION (City, Jown, or county) page REMOVAL ISDECTIVE

director funeral filled and physician gu attendi á gned requires ٥ After toy be retained by the FUNERAL DIRECTOR:

0 Vs A15 (4) 15M 9/5B

23 FUNERAL DIRECTOR'S SIGNATURE



CERTIFICATE OF DEATH

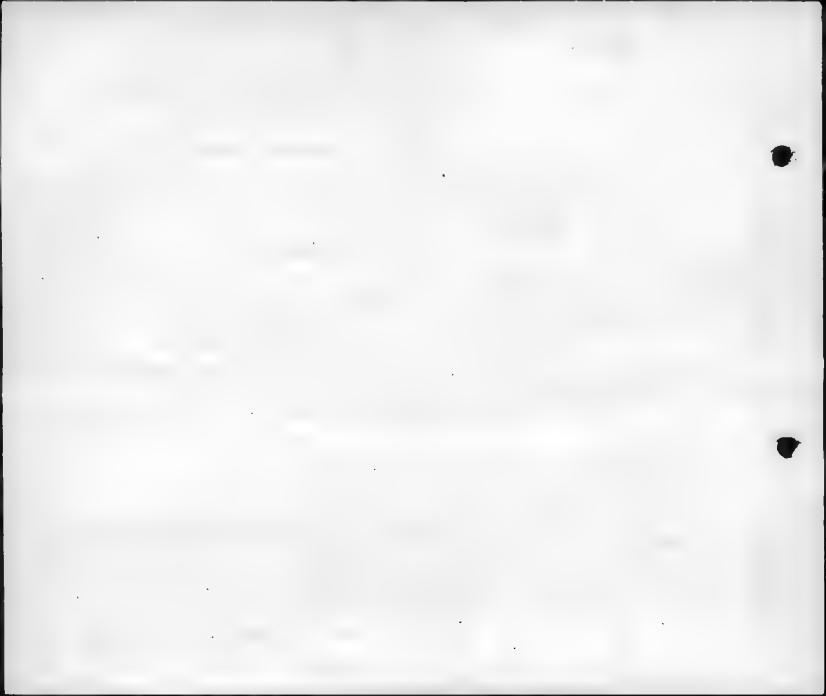
	1. PLACE OF DEATH COUNTY 11 A ACCUMANTAL AND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admiss on) o STATE MARKET AND DECEMBER 1. COUNTY (1997)
	HARFORD MARYLAND	MARGIANA CECIT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAURE 4E GRACE 36 DAYS	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	HARFORD MEMORIAL HOSP.	North East YES NO
	3. NAME OF DECEASED (Type or print) John First Randolph	JANNEY JR DEATH AUGUST 7 1960
İ	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE WhitE WIDOWED DIVORCED	NEW JERSEY 54 yrs Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	SPECIAL AGENT INSURANCE	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Λ	JOHN MANDOLPH JANNEY	FRANCES GALATION
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NPORMANT Address Address
	No 136-09-8525	John J. Janney 111 Charlottesville
	18. CAUSE OF DEATH [Enter only one couse per line for Jo), (b), and (c).]	A A INTERVAL BETWEEN ONSET AND/DEATH
	IMMEDIATE CAUSE (6) 1 VUITO WERE WILL 9	ullownbricular sepum sudden
	DUE TO A	to the state of
	Conditions, if ony, which gove rise to immediate	- hillwentricular segnum
	couse (o), stating the under- lying couse lost. DUE TO Myocardial M	interction Danterior wall and 36 day
		POPERETATED TO THE POPULATE DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF ATTENDED	PERFORMED? YES NO
, X	20b. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Hame, form, 20f. (City or Iown) (County) (5tote)
	Hour o While Not work to twork to	ctory, street, office bldg. etc.)
	21 I certify that (I) (this haspital) attended the deceased fram.	July 2 1960, to August 71960, that (1) (we) last
		death occurred at 2 AM, from the causes and an the date stated above.
	20. SIGNATURE (1) BALLED	M.D. PHYS MED STAFF
1	22c PHYSICIAN'S	270 ADDRESS A D
	NAME (Type) Edward C. Loo, M	D Havre all Grace, and
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or Chip) (State)
	DURIAL 8-11-1960 BAY V	IEW METH NORTH EAST CECIL MU
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Joseph OT Trant north	and Mapate AUG 11 '60 Callun & Home

e law requires that the death certificate be executed within 24 Pg may be revained by the haspital or attend. Chysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN

y the funeral director, es after death. Page 4

VR A1S (4) 15M 9/59



89176

9196 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE ARFORE CITY OR TOWN (If outside corporate I mits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If aetside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OF d NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE d STREET ADDRESS. OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 196 AGE (In Jeors lost birthdoy) yrs. 5 SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARRED 8 DATE OF BIRTH Months Days WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LARDR 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES TO NO TO 200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year (County) factory, street, office bldg, etc.) Hour p. m. While Not while ot work ot work p. m . , ta_____, 19___, that (I) (we) last MAN, from the causes and an the date stated abave. saw the deceased alive an 1900, and that death accurred at 5 GNED ATTENDING PHYS. M.D. DIRECTOR [22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) 256 REGISTRAR'S SIGNATURE

director be filed funeral Filled Pages 1 physica remove attending please À After this hed for detaci FUIIIRAI MIRECTOR:

with

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

IS RESIDENCE

ON A FARM? YES NO T

819

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

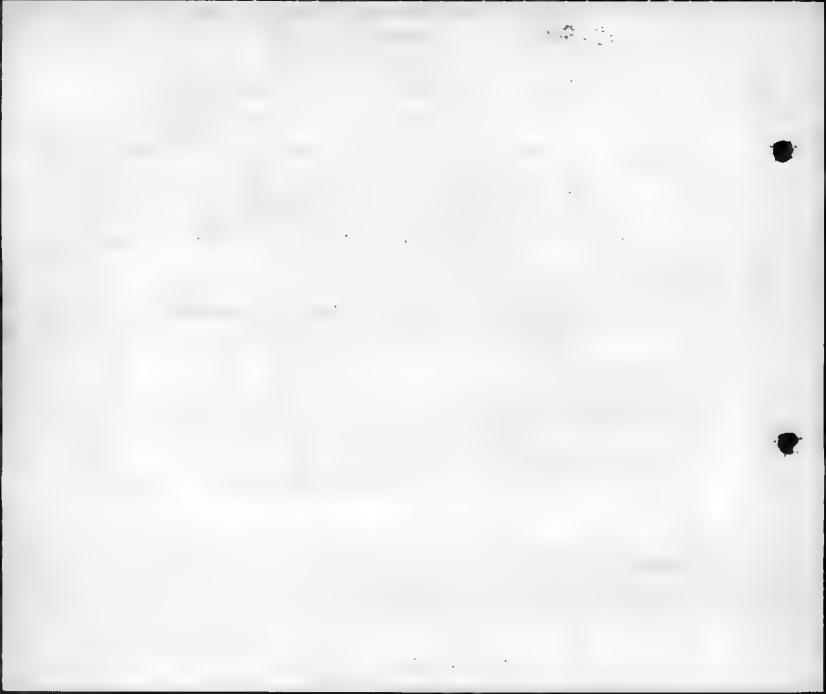
> > (State)

(State)

{County}

Day

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

921R

CERTIFICATE OF DEATH

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	UNIU	pertili ter-	L O. DEATH						
1	1 PLACE OF DEATH O COUNTY A arford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE Maryland COUNTY Death								
	RURAL and give nearest toyen)	TH OF STAY IN 16	c CITY OR TOWN (IF ou	Ande carporate limits	write RURAL and g	ive parest town)			
	James Jane Jane Jane Jane Jane Jane Jane Jane								
3									
S									
1	Ou JSUAL OCCUPATION (Give Kind of work done during most at working life, even if retired)	BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of	or foreign country)	15 (11)	ZEN OF WHAT COUNTRY?			
I	FATHER'S NAME		14. MOTHER S MANDEN N.	AME O	Rups	-w			
ו	S. WAS DECRASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SI	ECURITY NO 17. IN	FORMANT W. Robert a	ather -	Address of	Perris Lang			
==	18. CAUSE OF DEATH [Enter only one couse per line for (a),	(b), and (c).]				NTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY	- 6 00 1 0				ONSET AND DEATH			
	Cand t ans, if any, which gave rise to immediate cause (a), stating the under-								
	lying cause last.) (c) Kenai	Lasuft	Liciency						
0	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO								
	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Control of Injury Manth, Day, Year 20d. INJURY OC Haur a.m. 19 At wark	while faci	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)		(0	County) (State)			
	21 I certify that (1) (this haspital) attended the saw the deceased alive on Aug. 24, 19					O, that (I) (we) last			
	220 SIGNATURE Horge J. Stanst	2	ATTENDINGME			22b.DATE SIGNED 8/3 7/60			
	NAME (Type) George T Stans	bury	559 Rew lute	enst. H.wr	edo Groce	maryland			
2	30 BURIAL CREMATION, 236 DATE THEREOF 23c NA REMOVAL (Specify) 8-30-19/00 U	ME OF CEMETERY OF	ethodist Com.	23d LOCATION (CH	elen.	md.			
2	FUNERAL DIRECTOR'S SIGNATURE ADD	DRESS &		BY REGISTRAR 2 G 2 9 '60	Sh REGISTRAR'S SIC				

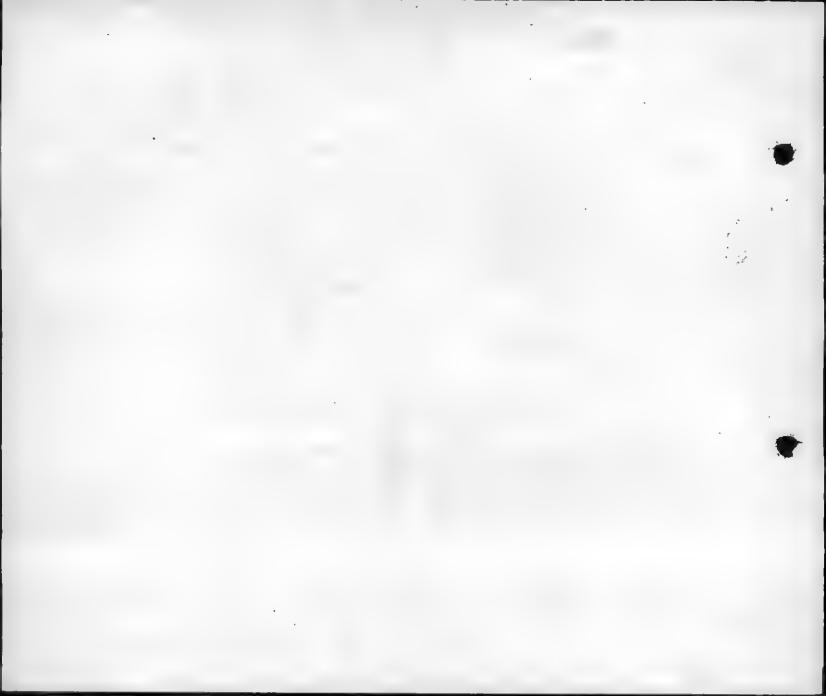
may be rehained by the haspital ar attend, thysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted = 1 y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed with the Stale Board of Health prior to burial, cremation, or remayal, and in any event, with a 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN

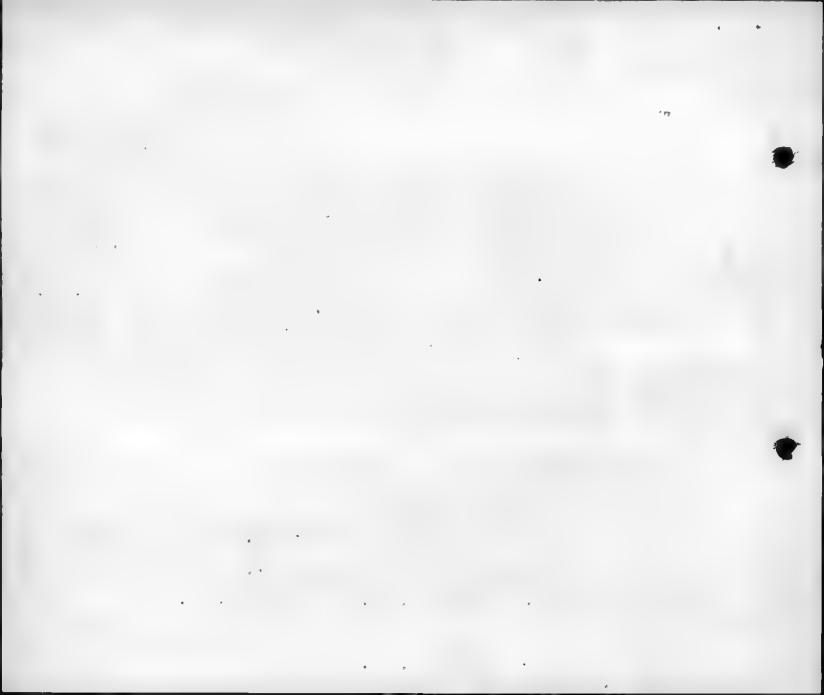
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after death. Page 4



1		MAKTLAI	NU SIAIE DEPARIM	ENI OF HEALIN	-BALIIMOKE, 18	00000
4 25		9197	CERTIFICA	ATE OF DEATH	R	(19179 eg. Dist. No.
Page Page Page My Siring Page My Sir	1.	PLACE OF DEATH COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (When o. STATE	te deceased lived If institution b. COUNTY	Residence before admission) Harford
death.		b CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Havre de Grace	c. LENGTH OF STAY IN 16		tside corporate limits, write RURA	
the first the fi		d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Harford Memorial	treet oddress)	d. STREET ADDRESS	arlington Ave	e. IS RESIDENCE ON A FARM? YES NO IX
24 hour	3.	NAME OF First DECEASED (Type or print) KATH)	Middle		4. DATE Month OF DEATH August	Day Year
within Page	5.	SEX 6. COLOR OR RACE 7.		8 DATE OF BIRTH	9. AGE (In years IF lost birthdoy) A	UNDER 1 YEAR IF UNDER 24 HRS Onths Doys Hours Min
nd comply on papers death.	10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	_	foreign country)	12. CITIZEN OF WHAT COUNTRY?
e pa da pa d	13.	FATHER'S NAME	NA	Maryle	ME	U.S.A.
physici emove	15 (Y)	Glenn R. Ke WAS DECEASEDEVER IN U. S. ARMED FORCES? 15. no. or unknown] [If yes, gave wer or dates of service)	16 SOCIAL SECURITY NO. 17 II	NFORMANT		berdeen, Md.
death c itending please ithin 77	=	NO 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:			ly, 211 Darli	. INTERVAL BETWEEN
the air		IMMEDIATE CAUSE (o) DUE TO	acute 1	ymp have	Contelman	C 8 MONTH
guires the		Conditions, if any, which gove rise to immediate couse (a), stating the under-				
ysician, been si transit al, and	NO.	Part II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
temov	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 000 200 OR CONTRIBUTING 000 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED) (Enter noture of injury in Po	rt 1 or Port II of ilem 18)	YES NO X
r ottene certifica certifica os os the prion, or	MEDICAL CE	20c. TIME OF INJURY Month, Day, Year 20		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	(County) (State)
spirol or this or the this of the this of the this or	MEE		work of work		V (1) 10/2/11	ant I last saw the deceared
TENDII The ho OR: Af etached a buriol		alive an Clar 10 , 1	2 64, and that death	occurred atll:15]	from the causes and	an the date stated above.
OR Alined by DIRECT In the did be did prior in		SIGNATURE 5.) Phin	retty fr.	мо. 617	W. Bel Air A	C-1
SPITAL be reta NERAL 3 shou egistror	220	PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 226. DATE THEREOF	Plunkett Jr.		edeen. Md.	
may I TO FUN Page the re		Furial 8/13/60	Bel Air Mem	orial Garden	ns, Bel Air,	Maryland
VS A15 (4) 15M 10/57	1	John B. Jarring	arring Funeral Aberdeen, M	d. DATE AUG		of I Kinua
		John G. Tarring				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 2.15.14 | Mile | 1 - - - - - - - - - - - - - - - - - | | 2. USUAL RESIDENCE (Where deceased I ved, if institution; Residence before admiss on) 1. PLACE OF DEATH a. COUNTY Page e. STATE is necessary lay in resident. Page MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 9 d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO F NAME OF 4. DATE DECEASED OF DEATH (Type or print) 8. DATE OF BURTH S. SEX AGE (In years F UNDER 1 YEAR . IF UNDER 24 HRS 7. MARRIED TH NEVER MARRIED T last birthday) ge 5 m and 2 72 hou WIDOWED DIVORCED PATE. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 8. Give Pages 1, pages 1 within form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mannie Walker Lee Alexander Matthews permit, File ficate should be executed within 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (Ifyes give werordetes of service) Office along with for a burial-transit permit, smoval, and in any e in pencil in Item 1 Z18-J1-2857 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DUE TO removal, Conditions, if eny, which (b) lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's gave rise to immediate mass 10 **DUE TO** (a), steting the underlying 10 cause lest. pesn PART II, OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 cremat NO forwarded to the Chief Medical L DIRECTOR: Page 3 should be 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of (tem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING burial, CAUSE OF DEATH. 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.] 9 Not While at work at work prior 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT Suicide Homicide Undefermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED SIGNATURE DEPLIFE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, lown, or county) 22a. BURIAL CREMATION | 22b. DATE THEREOF LOCATION (City, town, or country) REMOVAL [Specify] 40 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I VS. A15ME 5M 7/59



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O 1 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPA.	1. PLACE OF DEATH
28 A W	e. COUNTY b. COUNTY
	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I mits, while RUYAL and give nearest lown)
e de la	write RURAL and give narrantemal (2. Mayor) X S Coel
for Soar	d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital), give street eddress)
ned ate	120 299 1 YES NO 1
he furnitation of the strain o	3. NAME OF DECEASED (1/20 or print) Dev Year OF DECEASED (1/20 or print) DEATH A NAME OF DEATH
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e wor	20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Jram 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.
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Chie	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (C ty or town) (County) (State) Hour a.m. Whila Not Whila st work at work at work at work
K: Pe	
HIL H	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
DICA e certifi arded RECT agent,	CHIEF MEDICAL EXAMINER TO ROLL AND THE STATE OF THE STATE
MEDI le the c forwar L DIR sted ag	ACTUAL Devald Colmer MD ASSISTANT MEDICAL EXAMINER BUTTON DATE SIGNED
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D X TO W X	NAME (Type) 1 Address (Street, city, town, or county) 22a. BURIAL, CREMATION (22b. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, town, or country). (State)
	Bureal 8-16-60 Cedas Church Coxistery Harford Country med
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VS. A15ME 5M 7/59	Elmir & Bullock Havre de Stace & DATE AUG 22'60 autum & Krama
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

9193 **CERTIFICATE OF DEATH** 09183

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the attending physician and campletely filled it. , the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with moy be retained by the haspital ar attendi

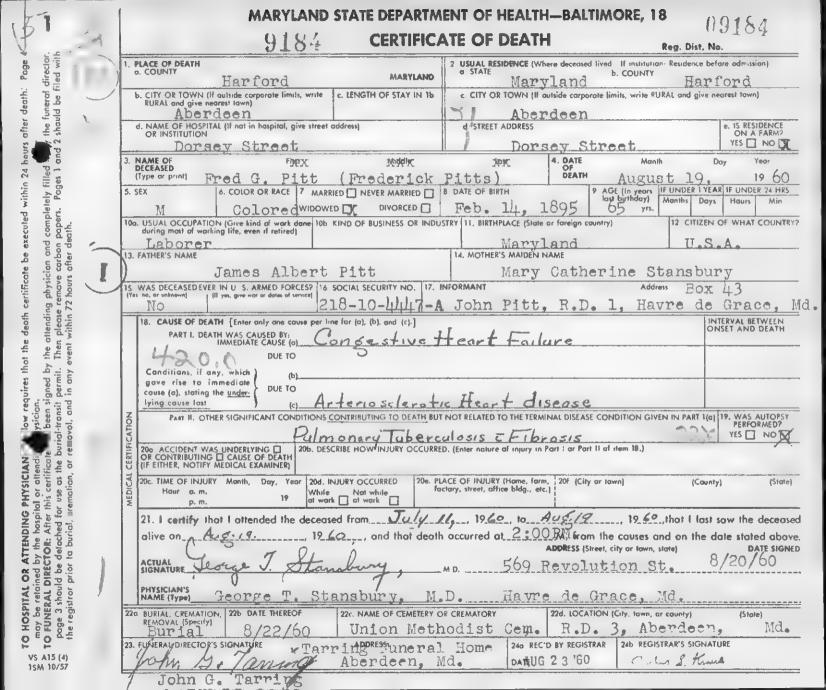
ow requires that the death certificate be executed within 24

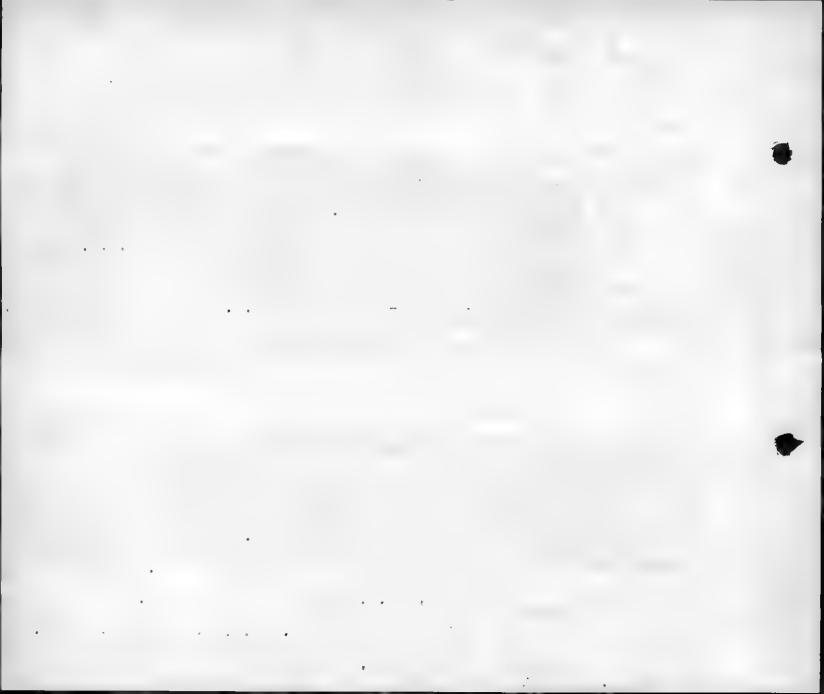
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on the State Board of Health prior to burial, cremation, ar remayal, and in any exect within 72 hours after death

	PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		ence before admission)
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	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and	(c).]			INTERVAL BETWEEN
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3	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED		CE OF INJURY (Home, form, 20f (City or town)	(County) (Stat
MEDI	Hour o.m. While Not while of work of work □	foch	ory, street, office bldg., etc.)		
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TO HOSPITAL OR ATTENDING PHYSICIAN VR A15 (4) 15M 9/59







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* V			9219 CERTIFICATE OF DEATH Reg. Dist. No. 185
Page 4	A	1.	PLACE OF DEATH COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland D. COUNTY Harford
death.	VI)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL Bel Air C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Bel Air
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physici physici phours	<u></u>	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
ng p		[10	No 214-24-0566 Mrs. T. Elmer Poole Bel Air, Maryland
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ouria		IFIC	
Fice the E			20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol or ath this certif r use as emotion,		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 of work of w
Spit frer d for	ij		21. I certify that I attended the deceased from June 1937 to China 1 last saw the decease
END he he R: Ai oche			alive an line 27, 19 60, and that death accurred at 6:30 All som the causes and an the date stated above
ATT CTO CTO det	,		ACTUAL ACTUAL ADDRESS (Street, city or town, stote) DATE SIGNEY ACTUAL ADDRESS (Street, city or town, stote) O'Access
OR DIRE Id by Prio			SIGNATURE Churchville, Md. 8/30/60
reto RAL Show			PHYSICIAN'S J. Raloh Horky, M.D.
HOSPI oy be FUNER oge 3 1		22c	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county) (Stote)
moy boge the re		_	Burial 8/31/60 Oak Grove Temetery R.D. Bel Air, Maryland
VS A15 (4)		23	Tarritopresquineral Home 240. REC'D BY REGISTRAR'S SIGNATURE
15M 10/57		4	Take G To Aberdeen, Md. DATE SEP 1 '60 Oning & House
		/	John G. Tarring



PLACE OF DEATH 2. USUAL RESIDENCE (Where/deceased lived, if institution: Residence before admission) o. COUNTY D. STATE b. COUNTY MARYLAND b OTTY OR TOWN (If ourside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR/TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neares town) 10 NAME OF HOSPITAL Af not in Interpretal give street address d. STREET ADDRESS e. IS RESIDENCE NOTITUTION ON A FARM? YES NO D NAME OF DATE Middle lost Manth Year DECEASED/ OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years last birthday) 7 MARRIED NEVER MARRIED Months Dovs Hours DIVORCED [7] WIDOWED IX 6 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OUSFWIFF could until 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15 WAS DECEASED EVER IN U S. ARMED PORCES? 16 SOCIAL SECURITY NO TO INFORMANT Address NO NO 18. CAUSE OF DEATH | Enter only one couse per line for/(o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, fony, which (b) gove rise to immediate DUE TO couse (a) stoting the underlying couse lost. PAIR II OTHERS ON FICANT/CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO IT 20a. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T ME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work D. m. 1940, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 15 M, from the causes and an the date stated above. 19 60, and that death acculted at saw the deceased alive an LUC 220 SIGNATUR 22b DATE ATTENDING 5 PHYS DIRECTOR PHYS 22c PHYS CIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION (City tayin, or county) (Stote) REMOVAL (Specify) KURIAL PUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR & 256 REGISTRAR'S SIGNATURE Chilhur & Kraus DATESUG

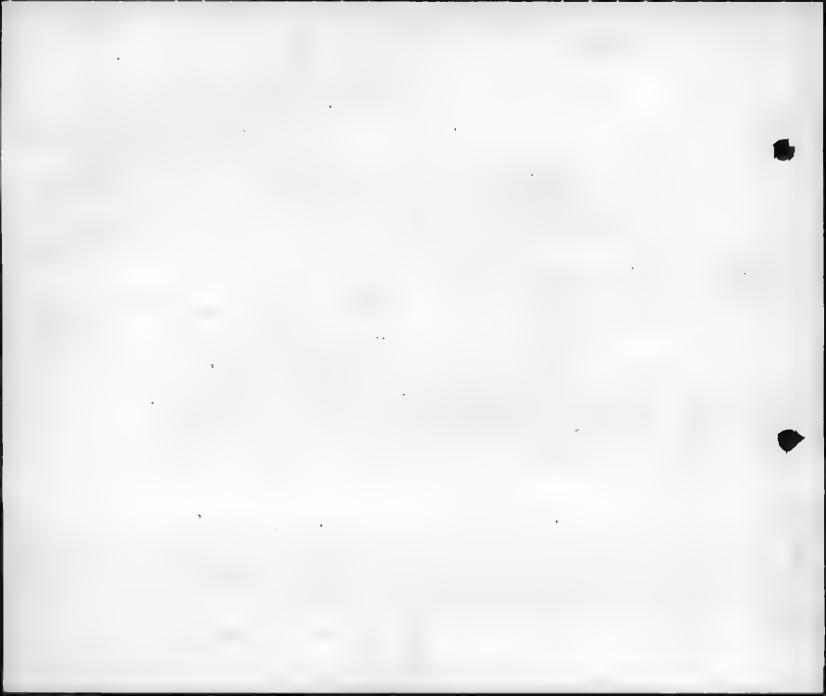
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PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) I director. Page or your files. a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town) write RURAL and give neerest lown) ould be executed within 24 hours efter death. If any plain in pencil in item 18. Giver Pages 1, 2, and 3 to the tuneral direction of the slong with form PM3, Page 5 may be retained for ouriel-transit permit, File pages 1 and 2 with the State Boardoval, and in any event within 72 hours after death. d. NAME OF HOSPITAL OR INST ON A FARM? 3. NAME OF DECEASED OF (Typa or print) DEATH NEVER MARRIED 7 8. DATE OF BIRTH 5. SEX AGE (In Years (IF UNDER last birthdey) WIDOWED 10. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Musician Retired Missouri St. Louis 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rohrs Unknown Catherine Unknown rtificate should be executed within 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 2815 Tennessééres Ave. (Yas, no, or unkown) (Ifyesq vawarordatasofservice) Spanish None 18. CAUSE OF DEATH [Enter only one cause per l'ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO removal, Conditions, "if a TY, which (b) eess exeming the certificate, writing the word "pending" inhelid be forwarded to the Chief Medical Examiner" (** FUNERAL DIRECTOR: Page 3 should be used as a temporal control of the cont gove rise to immadiate cause DUE TO (e), stating the undarlying causa lest. cremation, PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) bage 3 short to buriel, PRIMARY [Tor CONTRIBUTING | DEPUTY MEDICAL EXAMINER CAUSE OF DEATH. Month, Dey, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY (Stale) fectory, street, office bldg., atc.) Not While at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner designated. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 57 NAME (Type) Address (Street, city, town, or county) 225. BURIAL, CREMATION ! 22b. DATE THEREOF · 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Spacify) Buria] BALT 0 OMA NATIONAL CEM. 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME INC. BALTO. MD. SONS 5M 7/59 DATELUG 1 0 '60 arthur & Three

MARYLAND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution a. COUNTY Page e. STATE b. COUNTY HARFORD Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate fimils, write RURAL and give neerest townc. LENGTH OF STAY IN 16 director write RURAL end give nearest town] Havre de Grace Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Webster Village Harford Memorial Hospital State YES NO X 3. NAME OF Middie 4. DATE Last Month DECEASED OF (Type or print) DEATH JAMES DAVID 19 August with 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 1 8. DATE OF BRITH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. rage 5 m 1 and 2 w 2 with last birthday) Months Days Male WIDOWED [DIVORCED Sept. rifficate should be executed within 24 hours after 10a. USUAL OCCUPATION (GIVA kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in pencil in Item 18. Give Pages pages within Child 23 Maryland U.S.A. PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Kilburn evént Philip J. <u>Shimek</u> E OLI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address R.D. 2 [(Yes, no, or unkown) (Ifyesgivewerordelesofservice) Office along with burial-transit perm Havre de Grace, Philip J. Shimek 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxiation due to aspiration of foreign body. IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if eny, which (6) word "penuma id cal Examiner's ("pending" gave rise to immediate cousa DUE TO (a), stating the underlying 98 cause last. nsed cremation, PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 # CERTIFICATION 19. WAS AUTOPSY OC PERFORMED? 200 NO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Part if of item 18., 208 EXTERNAL CAUSE WAS Medic At the C. Page 3 s. Page 3 s. buriel, c PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Aspirated foreign body Harford Md. execute the certificate, writing MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (5 Inf a) fectory, street, office bldg., etc.) Hour a.m. While Not While at work et work Harford street Havre de Grace Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy [ed to Inspection and in my opinion ō agent, Accident XI death resulted from. Natural causes Suicide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED BAL 1 SIGNATURE August 18, 1960 DEPUTY DEPUTY MEDICAL EXAMINER William V. should FUNE Lovitt. MaD. NAME (Type) Address (Street, city, lown, or county) 226. BUR.AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) 60 O 40 Burial Holy Redeemer Cemetery. Paltimore, Tarring Mineral Home Aberdeen, Md. 23. FUNERAL DIRECTOR 24a REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME AUG 23 '60 aller & Kraus 5M 7/59 DATE John G. Tarring

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

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DATE SIGNED

(State)

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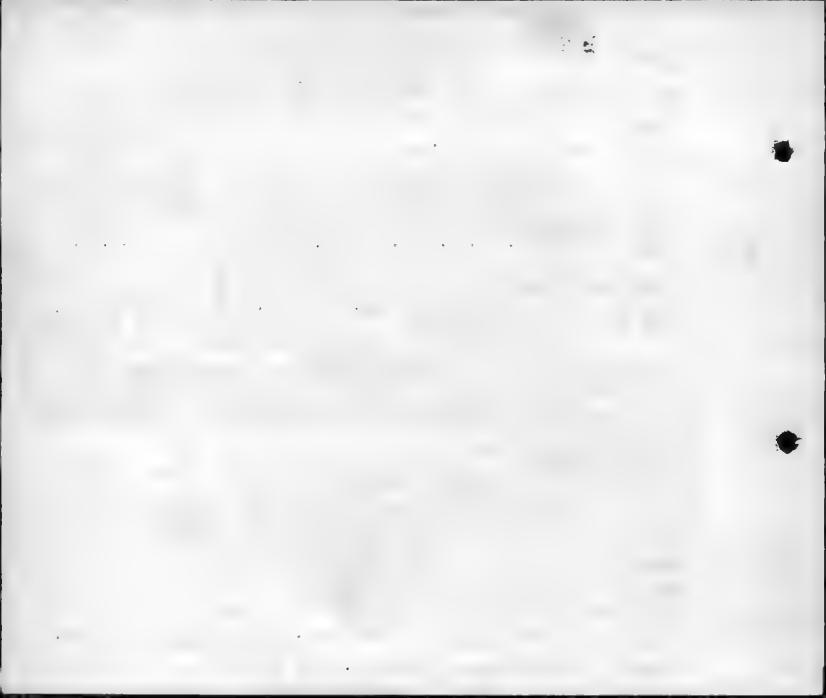
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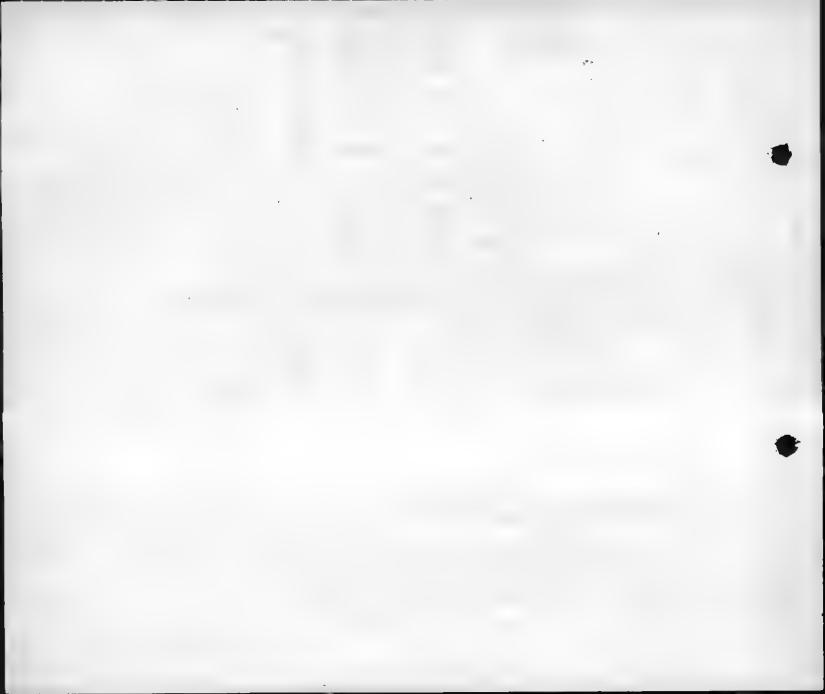
246 REGISTRAR'S SIGNATURE

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24a, REC'D BY REGISTRAR

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ATTACAMENTA TO HOSPITA
23 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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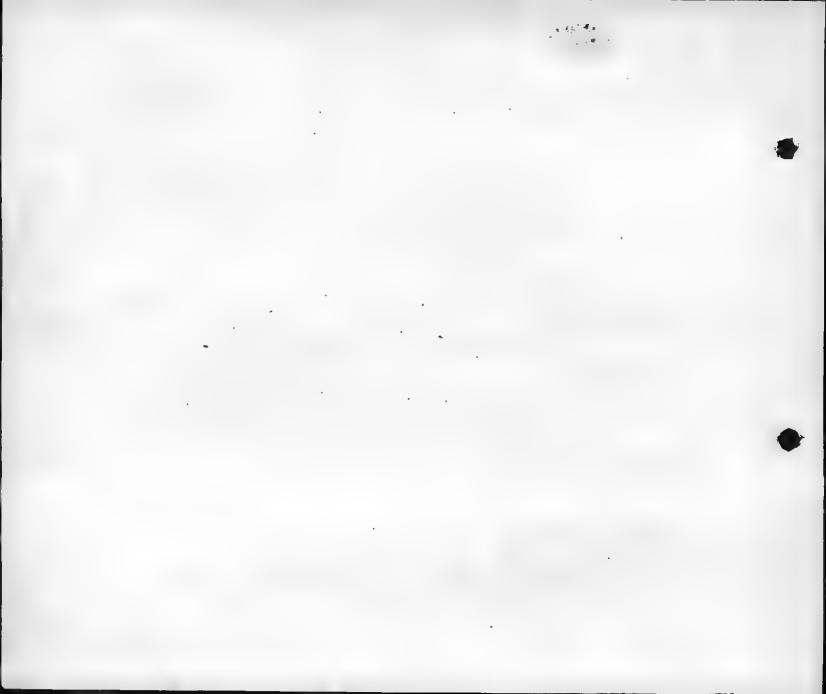
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	PLACE OF DEATH O. COUNTY ARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY FLAR To A.D. D.
VI/	b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town).	c CITY OR YOWN (If outside corporate limits, write RURAL and give negrest town)
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Ŷ	3. NAME OF DECEASED (Type or print) JANES Middle Milford	MARDELL DEATH AUG 38 1960
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED MALE WIDOWED DIVORCED	B DATE OF BIRTH A PR. 3, 1884 9 AGE (in years lift UNDER 1 YEAR IF JNDER 24 HRS Months Days Hours Min
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	15) WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If you give wor or dotter of service)	IRS. SALLIE [LEV WARDELL MD.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)	INTERVAL BETWEEN
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	Hour o.m. While Not while	LACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, office bldg , etc.)
	p. m. 19 of work of work	A
	21. I certify that (I) (this haspital) attended the deceased fram	211/
	sow the deceased alive an	death accurred at AMM, from the eduses and an the date stated above
1	They (11 the TUE)	M.D PHYS ATTENDING MED STAFF SIGNED
The state of the s	122c PHYSICIAN'S PRANK WOLBERT!	nD HARE DE GRACE ME
	230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY,	OR CREMATORY 23d LOCATION (City, town, gc.county) (State)
	BURIAL SEPT2/960 ANGEL HI	LL CEM. HAVRE DE GRACE NO
	24. FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4	Madison Hulebell Havrode Lige	Med DATE SEP 6 '60 Circhy & Kruna

TO HOSPITAL OR ATTENDING PHYSICIAN: Now requires that the death certificate be executed within 24 h.m. after death. Page 4 may be rehained by the hospitol or attending. Aysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9759



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9204 **CERTIFICATE OF DEATH** Rea. Dist. No. il director, filled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission b. COUNTY erol be fi CITY OR YOWN (If autside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Year DECEASED OF DEATH 26 (Type or print) 10 5. SEX 6. COLOR OPPACE 7. MARRIED TANEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Doys Hours Min rbon papers. er death, WIDOWED [7] DIVORCED [OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY IMPLACE (State or formen country) 12. CITIZEN OF WHAT COUNTRY durying room of working life, even if retired) puo ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Š ė 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address D) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) NTERVAL DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.! Hour o. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 60 19 69 that I last saw the deceased alive an and that death accurred at from the causes and an the date stated abave. DIRECTOR ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATUR 7 should FUNERAL I PHYSICIAN'S NAME (Type) - G - C 220 BURIAL CREMATION, 226 DATE THEREOF 22c MAME OF CEMETERY OR CREMATOR (State) REMOVAL (Specify) 0 DIRECTOR'S SIGNATURE 240. REC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 3 0 '60 15M 10/57



rafter death. Page 4

law requires that the death certificate be executed within 24 h

TO HOSPITAL OR ATTENDING PHYSICIAN.

	9205	CERTIFICA	TE OF DEATH		0.91.93
-	PLACE OF DEATH O LOUNTY HARFORD	MARYLAND	2. USUAL RESIDENCE (Where dece	egsed lived If institution Resil	dence before admiss on
4	b CTY OR TOWN (If outside corporate limits, write RURAL and give gearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside of	Orporote simils, write RURAL or Dru	nd give nowlest (Own)
14	d NAME OF HOSPITAL (IF not in hospito, give street OR INSTITUTION APPORT MENT OF A	Hosp.	d. STREET ADDRESS	c Z	IS RESIDENCE ON A EARM? YES NO
PLACE OF DEATH					
1	MALE WHITE WIDOW	VED DIVORCED	5/23/11/190	1 So yrs 3	Days Hours Min
00	ORCHARD Working life, even if retired)	LABORER	n.C.	gn country) 12.0	4.5, A
j-	JAMES WEST		SOFRONA	WEST	
5 (Y=	rs no or unknown) (If yes give war or dates of service	UNK	PAREL WEST	- 11	deGRACE R
	PART I DEATH WAS CAUSED BY	tine for (o). (b). and (c)]	hemmoho	1	
	Conditions, if any, which) (b)	Hypertein	ul Versenling	duenia	?
7	Couse (a), stating the under-				
FCATIO					PERFORMED?
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDIC	Hour a.m You While	e _ Not while foc	tory, street, office bldg , etc)		
	saw the deceased alive an	(α . U		the date stated above
	(5.). Churchity	Jr.	ND PHYS DIRECTOR	STAFF PHYS	
_	NAME (Type)				
r3k	REMOVAL Specify 8/18/196	O WEST AND	PLUMMER A	She COUNT	N.C.
pet.	Yamment - the	Jane D. Dy	· ma	GISTRAR 296, REGISTRAR'S	4.4



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTRESCATE OF DEATH

09194

TO HOSPITAL OR ATTENDING PHYSICIAN: Naw requires that the death certificate be executed within 24 have after death. Page 4 may be retained by the haspital or attending systetion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/S9

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e after death. Page 4

law requires that the death certificate be executed within 24 hy

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J&UU Itom	CERTIFICAL	E OF DEATH		
1. PLACE OF DEATH o. COUNTY Harfald	MARYLAND	2. USUAL RESIDENCE (Where deceased liv a. STATE	b. COUNTY	org/admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest/jown)	LENGTH OF STAY IN 16	c. CITY OR TOWN If putside copporate	limits, write RURAL and give ne	sarest town)
or NAME OF HOSPITAL W not in hospital, give street add OR INSTITUTION MUMANIAL HA	pital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	alice a	luskon 4. DATE OF DEATH	Cinquest 20	40
S. SEX 6. COLÓR OR RACE 7. MARRIER WIDOWED	DIVORCED	1-10/1	Months Days	Haurs Min.
100/ USUAL OCCUPATION (Give kind of work dane 10b. KII (Give hind of working life, even if retired)	ADJOF BUSINESS OR INDUST	RY 11. BIRTHPLACT (State or fareign count	ngto Cot C.	F WHAT COUNTRY?
Is am Brewer			man	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no, or unknown) (If yes, give wor profes of service)	8-24-46	Breef Sell	a a Wish	on
1B. CAUSE OF DEATH [Enter anly one couse per line	for (a), (b), and (c).]	0	INT	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Somale 1	Enit ont	01.	OEI MAD DEMIN
543 DUE TO	- Jean			
Conditions, if ony, which) in Rolla	1 1	1 20000 + P. 1 b.	1 0 D	
gove rise to immediate	orcon of ye	jural Ulcer + Reporter	in a windows with	·
couse (o), stoting the under-	1 0	,		
lying cause lost. (c)				TA VILLE LUXOREY
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART (0)	PERFORMED?
3 Esophaged Mcg	= haymonloge	,		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	. (Enter nature of injury in Part I or Port II	of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work	_ Not while fact	CE OF INJURY (Hame, farm, 20f. (City or ary, street, affice bldg., etc.)	town) (County	(State)
21. I certify that (I) (this haspital) attended	the deceased from	1 Aug 1960, to 2	20 Aug , 1960 H	hat (I) (we) last
saw the deceased alive an 20 Aug	/ U	eath accurred at PAM, from the		
22a. SIGNATURE		1-11		226. DATE
trunk D. Hawk	N N		STAFF PHYS.	SIGNED
22c, PHYSICIAN'S NAME (Type)		22d. ADDRESS		
230. BURIAL CREMATION 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 234 LOCATION	N/City, town, or county)	(State)
REMOVAL (Specify)	1960 B.	air/Kimmal A	GAN/NOW/	ir Mid
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A. 250. REC'D BY REGISTRAF	256. REGISTRAR'S SIGNATU	IRE
A & Brilen	Marlina	/ - / 1/ V	Circles 2 1	1/

OZUK - Changan or anima

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P. 3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit fit pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILAN	D SIAIR DEPA	KIMENI OF HEA	ALIFI	
Division of STATI	STICAL RESEARCH A	ND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE 1	, MARYLAND
9222	MEDICAL EXA	AMINER'S CE	RTIFICATE OF	DEATH	09195
CE OF DEATH		2. U	SUAL RESIDENCE (Where		

a. COUNTY		n. STATE	DENCE (Where decess		nz Kesidenc	a batore adn	nission)	
Harford	MARYLAND	e. SIAIE	Maryland	b. COUNTY	Harfo	rd		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corporate	limits, write RURAL	and give n	learest town)		
Edgewood	2 yrs.,	Edgewood						
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADD	RESS			a. IS RESIDENCE		
U.S. Army Dispensary Army Chemical Center			Army Chemic	al Center		YES T N	NO KT	
3. NAME OF First	Middle	WOTTAWA	4. DATE	Month	Day	Year		
(Type or print) ARTHUR	A.	WOTTOWA	OF DEATH	August	1	19 6	60	
5. SEX 16. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	. DATE OF BIRTH	19. AG	E (In years IF UNDE		IF UNDER 24		
26 9 70 14		h 700		Months (S)	Days	Hours	Min.	
	Ob. KIND OF BUSINESS OR INDUSTR	May, 4, 190		0	CITIZEN OF	WHAT COI	UNTRY?	
done during most of working life, even if retired)								
Warehouseman 13. FATHER'S NAME	Post Exchange	14. MOTHER'S MA	rille, Illin	ols	U.S.	A.,	-	
John Wottawa 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.! 17. 1		th Bassler					
(Yes, no. or unkown) ((Ifyesgive war or dates of service)				Address				
no	328-03-4528 Geo	orge Wotta	wa Belle	ville Il	1	ERVAL BETW		
18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).]								
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Artery T	hrombosis						
DUE TO Arteriosclerotic Cardiovascular Disease.								
Conditions, if any, which \ (b)								
gave rise to immediate cause								
(a), stating the underlying Cause lest.								
	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PA	ART 1(n) 19			
OIL					V	PERFORM ES NO		
PART II. OTHER SIGNIFICANT CONDITIONS DE 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DE CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURED. (Inter nature of injury	in Part I or Part II of item	\$8.)	-	CO 23 100	- 1	
PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.								
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home	e, farm, ' 20f. (City or to	num) (C	County)	/C.	tato)	
Hour a.m.	WhileNot While fact	ory, street, office bldg		(~	JOUTHY)	(3)	8:0)	
51002	t work at work	-						
21. I certify that I took charge of the	- / 1		Inspection .	Inquiry ,	and i	in my opi	nion	
death resulted from: Natural causes	Accident . Suic	ide . Homi	cide, Undete	rmined manner				
	. //	CHIEF MED	ICAL EXAMINER					
SIGNATURE (/ / NOWLO) / eller!	M.D. ASSISTAN	MEDICAL EXAMINER	2	DZ	ATE SIGN	ED	
EXAMINER'S		DEPUTY ME	DICAL EXAMINER		8/	/2/60		
NAME (Type) Charles	S. Petty, M.D.		real, city, town, or count	у)		-,		
228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d, LOCATION	(City, town, or coun	ifry)	(State)		
Aug. 3, 1960	Renner & Sons	F.H.,	Bellevil	le		Ill.	. ,	
23 SUNERAL DIRECTOR	ADDRESS	2.4a	. REC'D BY REGISTRAR	24b, REGISTRAR'S	SIGNATU	RE		
Howard Tille Comes	Abingdon, M	aryland.	MIG 5 '60	Onthur	2. Kras	c4		
1 wild for our of	1	100			- Tank			

ANTIQUE MYSSENS STADROTOS FIDMINISE ACRONIC SESSE Instruction and American Statements. William Lephon (1) sand the san I fee up and and be THE PROPERTY AND STREET STATE OF THE PROPERTY Carconer Apters Tigraphetic 572759 Market and the second second second second